STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965157	07/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Coral Springs	2975 Nw 99th Ave Coral Springs, FL 33065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on and at Harborchase of Coral Springs. The facility had deficiencies found at the time of the visit.

An unannounced licensure complaint survey, CCR# 2014004153, was conducted in conjunction with this survey, on the same date. Please refer to separate report for findings.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations, record review and interviews, the facility failed to ensure all medications are stored in a safe manner and in a secure location.

The Findings Include:

On at 10:43 AM and 11:03 AM, observations were made of a linen closet unlocked in the hallway located near the 100-numbered /wing of resident . At this time numerous residents were observed throughout the wing. Upon opening the door, the closet contained a large black file cabinet with 5 drawers. The cabinet had a note with the words "Home Health Providers" written on it. Photos were taken.

On at 11:30 AM, accompanied by the Interim Executive Director and the Resident Care Director (RCD), the closet door was observed locked. The Interim Executive Director unlocked the door. The following were observed in the file cabinet with the RCD present:

1) 1st drawer:

a. ointment 2% and 0.9%; no names were written on the medications .

b. 0.14% ointment with a label for discharged Resident #20.

c. solution 10% and jelly gauze with labels for Resident #19.

2) 2nd drawer:

a. Assure lancets for Resident #21.

b. An Ulti-lance automatic lancing device with no label or resident's name.

c. Two boxes of 100 lancets each for Resident #22 and #23.

d. Two small boxes of lancets, 100 each, and a safe-to-lok 3 ml syringe for discharged Resident #24.

e. glucose strips for Resident #22. A safe-to-lok 3 ml syringe with no name.

Plastic bags with resident names on it were not sealed; therefore, some ointments, syringes, and lancets were lying on the bottom of the shelf with no label/name on them.

3) 3rd drawer:

a. 0.042% for Resident #25.

b. Solution 0.5 mg/3 mg. for Resident #26.

c. 2.5 mg and 3.0 mg for Resident #27.

d. 12 Foil pouches, each pouch with five, 3L vials with no names written on them.

4) 4th drawer:

a) a total of 6 bottles of and rubbing

In an interview on at approximately 11:35 AM, the Interim Executive Director stated that she did not know much about the cabinet. She stated she has, "only worked here one month."

The RCD stated on at 11:45 AM, that some of the ointments and syringes must have out of the opened plastic bags. She stated that the home health nurses use the cabinet to store items in. The RCD stated she or one of the nurses escort the Home Health (HH) nurses to the cabinet, open it for them, and will sometimes leave the HH nurses unattended as they retrieve the supplies they need. The RCD stated that perhaps one of the HH nurses forgot to lock the door after obtaining items in the file cabinet. She stated she did not know who was the last person to escort a HH nurse to the cabinet or who the HH

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nurse was. She acknowledged that the door should be locked at all times.

A record review of the facility's Medication Storage policy and procedures notes that residents who receive assistance with medication/Central Storage must have medications centrally stored in a locked medication cart. Medications that do not fit in the medication cart may be stored in a locked drawer, inside a designated medication storage . . . . . by the RCD or designee.

The Interim Executive Director gave this writer a work request dated . . . . at 2:56 PM on . She stated the request was found in the maintenance box and was an order to have the door lock fixed on the linen cabinet.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interviews, the facility failed to maintain a safe and homelike environment, for 2 out of 6 sampled residents (Resident #3 and #5).

The findings include:

During the tour of the facility on . . at 10:00 AM, the following was observed.

a) . . . # . : the door opener was observed unscrewed and the part that was supposed to be attached to the door frame was hazardously hanging down at the door. The string for the call light in this . . . . . observed tied to the bed preventing Resident #5 from pulling it down to request for assistance.

During an interview with Resident # 5 on . at 10:05 AM, she said that she did not know the call light was tied to the bed and thanked this surveyor for noticing that.

b) The ceiling light in . . at around 11:00 AM was observed not working when the switch was turned on. The . . . . . observed to be very hot and the AC was turned off.

During an interview with Resident #6 at around 1:17 PM, she reported that she told someone about her ceiling light not working, but she was told to use the bed side lamp. The resident further stated that she

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has a lot beautiful paintings and pictures on her dresser and walls but, there's not enough light in the . . . . enjoy them as she would love to. She further stated that she has to open the sometimes to get light in the The resident at this time, turned on her AC, it was noted to not be functioning properly.

During an interview with the Administration on at 10:30 AM and 1:30 PM, regarding the issues noted in and #222, she acknowledged the findings and requested immediate repair aforementioned.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Harborchase Of Coral Springs
2975 NW 99th Ave
Coral Springs, FL 33065

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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